2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. / 6 6

93d

05054

1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (Maryland, Maryland, (Maryland, Maryland,	State Maryland county Garrett  Oakland, Md.  City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Rebecca Ashby.	None
4. Sex 5. Golor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION A. M.
Female White Widow	2D. DATE OF DEATH. June 18th 19.47 at 2:25 M
6.(6) Name of husband or wife Eucebius W. Ashby.  Deceased.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T Blish John of	and that last saw h allye on 1947
deceased (mo., day, yr.)  August 14th 1874  RACE: Years   Months   Days   If less than one day	Immediate cause uf death
o. Ada.	
	Congestine Heart failure
9. Birthplace West Virginia. (Town, county, and state)	Due to
10. Usual occupation Housewife	leuris and the first the
11. Industry or business	Due to
	Other conditions Quiery Plan July Elphin
13. Birtholace Pennsylvania.	STATE SOLUTIONS
14. Malden name Savilla Guthery.	(Include pregnancy within 3 months of death)
14. Maiden name Savilla Guthery.  15. Birthplace Pennsylvania.  16. informant Mrs. John DeWitt.	Majar findings af aperations.
16. informani Mrs. John DeWitt.	Date of op.
	Antapsy results
Address Crellin, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Burial Dale Ihereof June 20/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arnold Cemetery.	Where did injury occur?
Mean Jokland Manuland	Injured at home, farm, Industry, public place (where?)
	Means of injury A Injured at work?
18. Funeral director tantoy N. Boldler Address Rakland, Mal	Talfornan mil
19. Of Day positives 19 47 Julia (1 lange Registrar	23. SIGNATURE. M. D. or other  Address Coly Corry West Date signed Live 23 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN, RESERVED FOR BINDING

JUL 7 1947 BUREAU V B

VS A15

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1. PLACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH

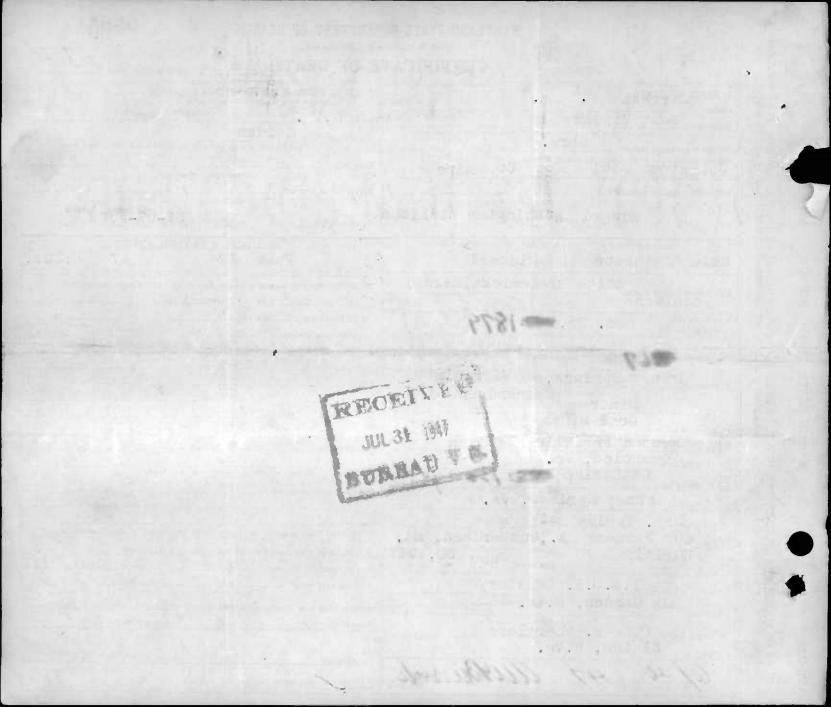
2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

05055 0,0 Reg. Diat. No....

CERTIFI	CATE	OF	DEATH
CERIIFI	CAIL	Ur	DEAIR

Gari		•	(For newborn infants give residence of a	mother)
County	A T7.1 5		State W. Va. Coul	nty Mineral
City of town(If	outside city or town	mits, write RURAL and give nearest town)	Fik Carden	
How long in above place	e of death?	dooth Monural	(If outside city or town limits	, write RURAL and give nearest town)
Johnstov	vn Coal &	death occurred: So mine	Street No(If rural, give	
How long to beenited a	ar Incelledion 2			
	r			
3. (a) FULL NAM	Edward	washington Atchison	1	3.46) Social Socurity Humber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	White	Widowed		47 8:30A.
	Edith	Fredericka (Kerns)	21. I CERTIFY that death occurred on the date abo	
Atchis			dela an	, to
7. Birth date of	Dag 2	5, 3000 1879	and that I last saw halive on	19
deceased (mo., day,	y1.7	Days If less than one day	Immediate cause of death Twater fu	DURATION
8. AGE:	676	2min.	and if Class ( &	and the first of the same of t
Orkr	nev Sprin	gs, Virginia	The state of the s	
9. Birthplace	(TOWIL,	of Sherandoah Co.)	me acendent	<b>&gt;</b>
1D. Usual occupation.	Miner Coal Mi		Bug to	
11. Industry or busine	" COST MI	nes	DEG 10	
El Nev	vton Fran	klin Atchison	Other conditions	
13. Birthplace Q1	iantico,	Va.	(Include pregnancy within 3 m	attend death
H 14. Malden name	Catherin	e Basyl		
5 15. Birthelace	rkney Sp	e Basye rings, Va.	Major findings of operations	
Mrs	. Thelma	neihl	Autopsy results	
16. Intermant 4.06	Furnace	St., Vumberland, Md.	PHYSICIAN: Please anderline the cause to wh	hich death should be charged statistically.
Buri	al	June 30, 1947	22. VIOLENCE: If death was due to external cau	
(Buriai, crematio	n, or removal. Which?	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crema	I.O.O.F	. Cemetery	Where did injury occur?(City or town)	(County) (State)
Elk Location	Garden,	W.Va.	Injured at home, farm, Industry, public place (w	here?)
		Sharpless	Mesns of Injury Many access	Injured at work?
II F	Blaine, W		Pin	00 011 - 5
Address	~	Muhh	23. SIGNATURE	M. D. og other
19. 013	1547	MINOUNINGO	Khalle .	Date signed 28-47
(Days rec'd by r	eRistiat)	registrar	Address	



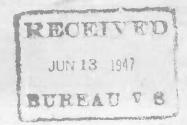
2411 N. Charles St., Baltimore 948

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	State Maryland county Garrett  City or town Swanton, Maryland.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number  None  MEDICAL CERTIFICATION P.M.
Female White Married.	20. DATE OF DEATH June 3d, 19 47 at 12:15
B.(b) Name of husband or wife Peter Bittinger 48	19 10 19
7. Birth date of Applied China 1996	and that I last saw h. er alive on 5-30-47
deceased (mo., day, yr.) April 6th 1886.  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
61 10 28ars.	AATA AATA AATA AATA AATA AATA AATA AAT
9. Birthplace Garrett County. (Town, county, and state)	Due to
10. Usual occupation House wife	Due to Anginae I hour
11. Industry or business	
12. Name. Aaron Pritts. 13. Birthplace Pennsylwania.	
14. Malden name Jennie Pyles.  15. Birthplace Cumberland, Maryland.  16. Intormant Peter Bittinger.	(Include pregnancy within 3 months of death)  Major fiadings of operations
15. Birthplace Cumberland, Maryland.	Date of op.
16. Intormant Peter Bittinger.	Aatopsy results
Address Swanton, Maryland.	
17. Burial Dale thereof June 6/47 (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Obiten Cemetery.	Where did injury occur?
Location Meadow Mountain, Maryland.	
18. Funeral director, England D. Bolde	Meens of Injury Injured at work?
Address Daklah & Man	23. SIGNATURE EAST THE M. D. or other 1
(Dato rec'd by registrar)	gistrar Address Oakland, Maryland Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



STREET TO STREET STREET

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

123

05057 Reg. Diat. No.

1. PLACE OF	DEATH:			Z. USUAL RESIDENCE (FICTORIE) OF DECEAS	ED:
County Ga:	or Pank W	7	***************************************	State Maryland County Gar	rrett
City or town	If outside city or town ii	mlts, write R	URAL and give nearest town)		
How long in above o	lace of death?	l yea	rs	City or town Deer Park, Md.	RAL and give nearest town)
Nospital, Institution	, or street address whore	death occurred	:	Street No.	
==0000000000000000000000000000000000000	0010110001000001111000010000011000000		***************************************	(If rural, give LOCATION	()
Now long in hospita	or Institution?			2.(a) If veteran, name war	
3. (a) FULL NA	ME			3. (b)	Social Security Number
	Jacob Bo	ver.			
4, Sex	5. Color or raco	6.(a)Slogi	e, married, widowed, or divorced	MEDICAL CERTIFIC	CATION
Ma	le White	S	ingle	20. DATE OF DEATH. June 29th	47 .9 30 F.
	ZC MILZOC		111610		
6.(b) Namo of husb	and or wifo			21. I CERTIFY that death occurred on the date above stated;	6-20-
***************************************		8.(	c) If alive, give ageyears	June 26th 15.7 to and that I last saw h im alive on 6-29-47	
7. Birth date of deceased (mo., d	Decem	ber 1	6th, 1863	Immediate cause of death Hosert Failure	
	ears   Months	Days	tf less than one day	Immediate cause of death	DURATION sudden
	33 6	13	hrsmin.		***************************************
9111	Solhveron			Bue to Chronic Compilpatin	
9. Sirthplace	(Town,	county, and	. <del>9</del> state)		1 week
10. Usual occupati	Laborer		****	Duo to Underlying cause: 4	ula a same
44. Androdos as bun	Inono	2			[7/30/47 ake)
	William Bo	ver.		Other conditions.	-00000000000000000000000000000000000000
	SA I har	sport	, Mg -		***************************************
₹ 13. Birthplaco				(Include pregnancy within 3 months of d	eath)
14. Malden na	me UNKNOW	<u>n</u>		Major findings of operations	
14. Malden na 15. Birthplace	Unk	nown			
		Ashby		Antoney results	000000000000000000000000000000000000000
	Deer			PHYSICIAN: Please underline the cause to which death	should be charged statistically.
Address	2 - 3			22. VIOLENCE: If death was due to external causes, fill in t	he following:
(Dunial anoma	urial	Dale the	eof July 3/1947 (month) (day) (year)	Accident, suicide, or homicide	Date of
Campiany on are	matory Deer Pa	rk Ce	metery.	Where did injury occur?	(County) (State)
		Park		Injured at home, farm, industry, public place (where?)	
Location		Λ.	2 2 1		njured at work?
18. Funeral direct	or Zonso	10	Molden	mounts of injury	1 1 5
Addross /	atilal	-d	med.	84 - 6X	Remark
		0.	his Rown	23. SIGNATURE	M. D. or other
19. (Date rec'd b	y registrar)	TI	Registrat	Address Oakland Maryland	Date signed 7.3 17



# MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 46 4

05058	1	6
Per Dies No	6	

2411 N. Charl	es St., Baltimore 46 4	16
CERTIFICAT	TE OF DEATH Reg. D	iat. No.
1. PLACE OF DEATH: County arrive	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (if outside city or town limits, write KUKAL and give nearest town)	State County Cl	Veg using
How long in above place of death?	City or town (If outside city or town limits, write RURAL Sireet No.	and give nearest town)
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war	/
3. (a) FULL NAME Micheal John		al Security Number
4. Sex 5. Color or race 6.(a) Single, married Howed, or divorced  Wale White Widowed	MEDICAL CERTIFICATE	47 3200
B.(b) Name of husband or wife Elizabeth Duran	21. I CERTIFY, that death occurred on the date above stated; that I	tiended deceased from
7. Birth date of deceased (mo., day, yr.) Lune 24, 1878	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
9. Birthplace Middland Cllangary, Mid	Due to Blue allens	
10. Usual occupation / Lettered Musual	Due to Carring of the	***************************************
11. Industry or business End Muni  12. Name 2 Canpbul  13. Birthplace Englad	Dther conditions	
14. Malden name M organt secting  15. Birthplace	(Include pregnancy within 8 months of death)	
E 15. Birthplace England	Major findings of operations  Cartinus Colon  Date	of op March 47
Address Prellin red	Antopsy results	be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the fol Accident, suicide, or homicide	llowing: Date of
Cemetery or crematory Beliebell Cemetry	Where did injury occur?(City or town) (Cour	
Location Cichery M. Cichery	Injured at home, farm, Industry, public place (where?)	at work?
Address Lancacuring, Mrd	23. SIGNATURE J. C. January	Jamos
(Date ree'd by registrar)  19 #7 Milia / Towan Registrar	Address Odlland Mid	M. Por other Date signed true 2 4

BYLAND TO THE PARTY OF HALVEST OF HALVEST OF HALVEST OF HALVEST THE CONTROL OF HALVEST O

JUN 13 1947

# STABULAND OF ATE DEDARTMENT OF MEATING

2411 N. Charle	es St., Baltimore 1700  TE OF DEATH  Res. Dist. No. 16 C
CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  Maryland  County Allegheny  City or town
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex Scolor or race Scale, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. June, 25th, 19.47 atl1:25
8.(6) Name of husband or wife. Helen Deets.  8.(c) If alive, give age 26 years deceased (mo., day, yr.) April, 1st, 1915	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
8. AGE: Years Months Days if less than one day 32 2 24	vertebra
9. Birthplace	Due to
12. Name. Frederick Deetz 13. Birthplace Longconing, Maryland.	Diher conditions
14. Maiden name	Major fiudiues ol operatious.  Date of op.
Address Cumbarland Md	Autopsy results

Oate thereof June-29- 1947 (month) (day) (year)

Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur? Nr Swanton Garrett Gate Md

HOA

Date signed.

M. D. or other

Injured at home, farm, industry, public place (where?) Public Road

Accident, suicide, or homicide. Accident

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

17 Burial (Burlal, eremation, or removal, Which?)

18. Funeral director.

(Date rec'd by registrur)

Address

Localion Cumberland, Md.

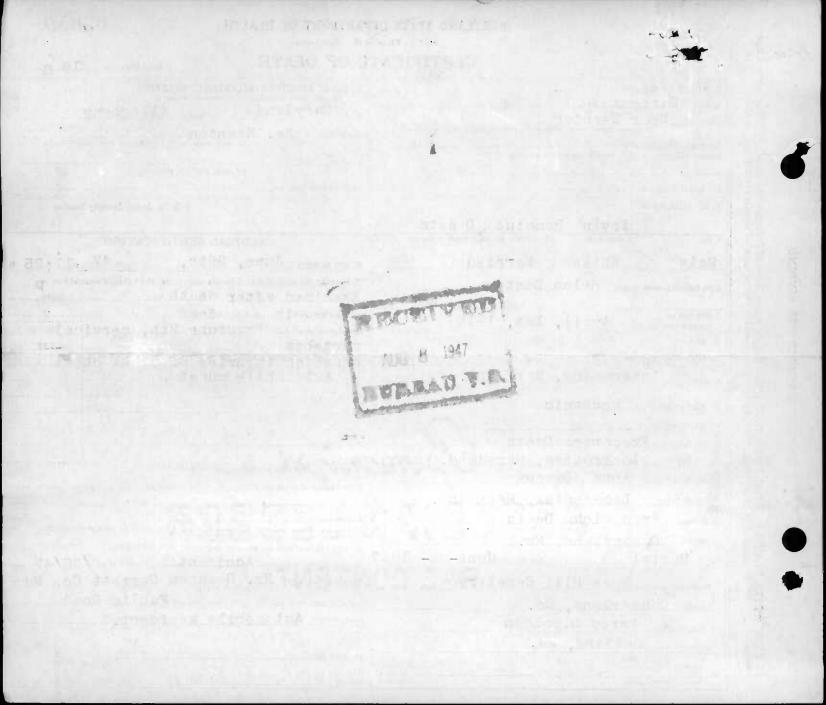
Cemetery or crematory Rose Hill Cemetery

Oakland, Md./

Emroy D.Bolden

VS A15





PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05060

		17	2/
		//	
Reg.	Diat.	No	******

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
M+ Tolso Dowle	state Maryland Garrett
City or town MC . Lake Park  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 9mon.	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(11 outside city of town filling, write NONAL and give nearest town)
KINSELINOVERS Iddess with design occurred:	Street No
How long in hospital or Institution?	2.(g) If veleran, name war
3.(a) FULL NAME George Bishop Farris	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH June 14 47 8P. 19
Stella Florence (Smith)	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
6.0 Hame of his band or wife 70	See 7 1947 10 tem 14 1942
7. Birth date of April 26, 1871	and that I last saw harmalive on the last sa
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate enuse of death DURATION
76 1 18min.	Set Myster Selis
Great CaCapon. W.Va.	
9. Birthplace (Town county and state)	Due to the the think the t
10 Usual occupation DIECKSHILUN	1 State of the sta
11. Industry or business	Due 10/
E 12. Nama John Farris	Other conditions
13. Birthplace Oreat Cacapon, W.Va.	
Jane Youngblood PawPaw, W.Va.	(Include pregnancy within 3 months of death)
PawPaw, W.Va.	Major findings of operations.
	Date of op.
16. Informant James Farris Westermoort Md	Autopsy results
Address 105 First St., Westernport, Md.	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial Date thereof June 17, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bethel Cemetery	Where did injury occur?
Barnum, Garrett Co., Md.	Injured at home, farm, Industry, public place (where?)
Othe F. Sharpless	Means of layury Injured at work?
18. Funeral diffector.	11 50
Address Blaine, W. Va.	20 SIGNATURE DOLLES AND
19. (Datoree'd byregistrar) 1947 Clll 9720 V NOS	Address Machine M. D. or other / M. D. o



TO CHELLINA

WRITE

PLEASE

correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

1	15	06	í	_
D:		06 /	6	6

City or town Mt. Lake Par	mits, write RURA	L and give near	est town)
Sireet No(If rural, g	rive LOCATION)		
2.(a) tf veteran, name war			
	2 (4) 6-	cial Security 1	Jamban .
	3. (0) 30		<b>ли</b>
MEDICAL	CERTIFIC	ATION	
20. DATE OF DEATH June 17,		1947	4:15P
21. I CERTIFY that death occurred on the date not at all er and that I last saw halive on	above stated; tha	1 attended decea	sed from
er 6	-17-47	***************************************	
and that I last saw halive on			13
mmediato cause of death			Budden
Chronic Heart 1		*****************	about 14 mc
***************************************			***************************************
Due to			***************************************
		••••••	
Other conditions			
(Include pregnancy within	n 3 months of dea	th)	
Major findings of operations		*********	
	D	ate of op	
Autopsy results			
PHYSICIAN: Please underline the cause to			statistically.
22. VIOLENCE: If death was due to externa	causes, fill in the	following;	
Accident, suicide, or homicide		Date of	
Where did injury occur?(City or tow	vn) (C	ounty)	(State)
injured at home, farm, industry, public place	(where?)		
Means of Injury	Inju	red at work?	
Eh wid	Str	late 1	3,5
	_	M. D.	rother
Oakland, Maryla	-2 /		0-18-4/

			02111110		Reg. Di	
1. PLACE OF DEA County Garret Cily or town	Lake Par utside eity or town live of dealh? 45 y street address where to	mits, write R PS •	State Maryland  City or town Mt. Lake  (If outside city or to	City or town Mt. Lake Park (If outside city or town limits, write RURAL  Street No. (If rural, give LOCATION)		
			***************************************		9 (b) c ·	
3. (a) FULL NAME		on Ho	na h		3. (b) Socia	
	Maysill		ucn , married, widowed, or divorced		AL OFFICIAL	
female	White		rried	MEDIC 20. DATE DF DEATH June 17	AL CERTIFICAT	
6.(b) Name of husband of husband of husband of husband of deceased (mo., day, yi	Sente	0. F	) If alive, give age 78	21. I CERTIFY that death occurred on the note at all rears and that I last saw h	6-17-47	
8. AGE: Years	Months	Days 22	If less than one day	Immediate cause of death	***************************************	
1D. Usual occupation  11. Industry or business  12. Name	House Wi Own Hometin L. N	fe  ne  Aysil	tato)	Due to	within 3 months of death)	
	O. Fouch		d.	PHYSICIAN: Pfease underline the c	ause to which death should	
Burial	orremoval Which? Oaklar Gaklar Yelle	Date there and Cem	June 19, 194 metery ryland. ryland.	Accident, suicide, or homicide	or town) (Cour	
(Date ree'd by re	1 19 7 gistrar)	Ju	lin ( / rwa Regis	W Oakland Mar	yland /	



2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Rural

05062

Garrett

Swanton

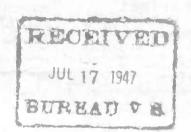
(If rural, give LOCATION)

6 Mi. N W Swanton. Md.

(If outside city or town limits, write RURAL and give nearest town)

## CERTIFICATE OF DEATH 1. PLACE OF DEATH: Swanton. Rural (If outside city or town limits, write RURAL and give nearest town) ion carefully. How long in above place of death?... Hospilal, institution, or street address where death occurred: information of death clea How long in hospital or institution?. 3. (a) FULL NAME Walter Isaac Friend 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex Male White Married BINDIN Blanche Culp Friend 6.(c) It alive, give age ..... FOR deceased (mo., day, yr.) July 14, 1886 Supply Years It less than one day 8. AGE: RESERVED 11 60 Garrett Co., Md. pla (Town, county, and atate) 10. Usual occupation... 11. Industry or business John W. Friend Garrett Co., Md. 13. Birthplace WITH UNE important. Rachel Fry 14. Maiden name... Garrett Co., Md. 15. Birthplace Mrs. Walter I. Friend especially LAINLY R. D. Swanton. Md. July 1, 1947 Burial (Burial, cremation, or removal, Which?) (month) (day) (year) D S Glendale Cemetery Cemetery or crematory... Co.. Garrett RI 1B. Funeral director. S Address (Date rec'd by registrar)

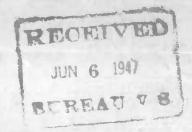
••••••	2.(a) It veteran, name war	
	3. (b) Social Securit	y Number
ced	MEDICAL CERTIFICATION	
	20. DATE OF DEATH June 28, 147	6:00P.
year	21. LCERTIFY that death occurred on the date above stated: that I attended do	1947
, .	and that I last saw h	DUDATION
min	Imagediate cause of death Hyper Huseon	1040
***************************************	Due to	
	Dther conditions	
	(Include pregnancy within 3 months of death)  Majar findings of operatians	
	Date of op	
	Autapsy results	ed statisticalty.
L947	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide	
	Where did injury occur?	(State)
	Injured at home, farm, industry, public place (where?)	**************************
on )	23 SIGNATURE Co. J. Warm Cutras Zi	۸٠,
Registra	en Allander	D. or other



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: State Md County Garett City of town Near Grantsville Near Grantsville How long in above place of death? 5 years (If outside city or town limits, write RURAL and give nearest town Hospital. Institution, or street address where death occurred; (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number None Winfield Scott Garletz
| 5. Color or race | B. (a) Single, married, wildowed, or divorced 4. Sex MEDICAL CERTIFICATION Married 20. DATE OF DEATH June 4 19.47 at 8.30am 21. I CERTIFY that death occurred on the date above stated: that lattended deceased from 6,(b) Name of husband or wife. Rose Garletz 8. AGE: If less than one day 9. Birthplace Rural Near Frostburg Md (Town, county, and state) Retired Farmer 11. Industry or business E 12. Name George Garletz
13. Birthplace Avilton Garett Co Md (Include pregnoney within 3 months of death) 14. Malden name Nancy L. Durst 15. Birthplace Avilton Garett Co Md 16 Informant James Garletz PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Grantsville Md 22. VIOLENCE: If death was due to external causes, fill in the following: Burial (Burial, cremation, or removat, Which?) Date thereof June 6-1947 Accident, suicide, or homicide..... Whers did injury occur? .....(City or town) Cemetery or crematory Blocher (County) Rural Near Frostburg Md Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury 18. Funeral director Alm Mindules Address Grantsville



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

# arii ii, charles bu, balancis

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8300

# CERTIFICATE OF DEATH

			0		Reg. Disc. 140	
1. PLACE OF DEA	TH: 'ett			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	nother)	
City or town. Oakland, Maryland,  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?				State Maryland County Garrett  City or town Oakland, Maryland.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(g) It veteran, name war		
				2.(0) 11 100.001 100.00	1 - 0 - 0 - 0 - 0	37 1
3. (a) FULL NAME Ne	ellie Ce	celia	Helbig.		3. (b) Social Security  None	Number
4. Sex	5. Color or race	6.(a)Singte	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	A.M.
Female	White	1.2 V	vidow	20, DATE OF DEATH June 19th,	1947	4:00
6.(b) Name of husband of Decea	500		big.	19	10 James	
deceased (mo., day, yr	July :	26th,	1872.	Immediate cause of death	/	DURATION
8. AGE: Years 74	Months 10	Days 24	If less than one day	princho preum	nia	+ says
				-		5 have
9. Birthplace	akland,	county and	and.	Due to Cerebras Hernorthe	<b>JC</b>	
10. Usual occupation				Due to askerischeronis - 4 yrs.		
11. Industry or business					***************************************	
置 12. Name. JO	hn T. B	rownir	ıg.	Other conditions		»
12. NameJO	Oakland	. Mary	land.	(Include pregnancy within 3 m	***************************************	
			Jamison.			
14. Malden name 15. Birthplace			aryland.	Major findings of operations		
	Helbig			PHYSICIAN: Please underline the cause to wh	ich death shootd be charged	statistically.
Address	akland,			22 VIOLENCE: If death was due to external caus		
17. Bur (Burlal, cremation,	ial	Date ther	eof June 21st/47	Accident, suicide, or homicide		
	S+	Peters	Cemetery.	Where did injury occur?(City or town)		
Cemetery or cremator	y					(State)
Location	Oakla	and, w	laryland.	Injured at home, farm, industry, public place (where?)		
18. Funerat director.	klall	4 10	Maryland.	Means of Injury  A 5 / h	injured at work?	D
19. (Date rec'd by reg	19	7	ului 4 Toma	23. SIONATURE CLAUS	M. D.  M. D.  Date signed	or other of 20 few 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

Wage W



VS A15

age

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 137

					Reg. Dist. No	
1. PLACE OF DE Garre				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED: nother) Allegany	
Mt. Lake Park, City or 10wn				State Coun	ty Allogariy	*******************
(If	outside eity or town lin	nte prite i	(UKAL and give nearest town)	Cliy or town	write RIIRAL and give nee	rest town)
How long in above place	of death?	eath occurre	d:	not known	WITE ROTAL SING SITE IICE	incae cown,
Kise	street address where d	Home		Street No. (If rural, give)	LOCATION)	
How long in hospital o	m	onth		2.(a) If veteran, name war	•••••	V
3. (a) FULL NAM					3. (b) Social Security	Number
		-				
	id Wilson				220-10-877	2
4. Sex	5. Color or race		e, married, widowed, or divorced		RTIFICATION	
Male	White		ivorced	2D. DATE OF DEATH. June 15,		4:00A.
6.(b) Name of husband		**************	(c) If allive, give ageyears	21. I CERTIFY that death occurred on the date above M. av. 15	47 to June 15	th 19 47
7. Birth date of deceased (mo., day,	", Februar	y 7,	1875			
8. AGE: Year	)1.7	Days	11 less than one day	Immediate cause of death		DURATION
72	4	8	hrs min.	Heart attack		
			1110			
9. Birthplace(Town, county, and state)			atata)	Due to Acuta Poostatitis		6. months
	Unknown		peate	And Cystiiys and	indigestion	O. MOITUIE
1D. Usual occupation.			***************************************	Due 10		
11. Industry or busines					***********************************	
12. NameU	nknown			Dther conditions		
-41	Unknown			(Include pregnancy within 3 m	nonths of death)	
14. Maiden name  15. Birthplace				Major fiedings of operations		
15. Birthpiace			70		Date of op	
16, Informant	. Harry K	iser.	Marger 9 Home	Antopsy results		
Mt	. Lake Pa			PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
Address Burial				22. VIOLENCE: 11 death was due to external caus	ses, 1lii in the toliowing;	
17. Dur 1a 1	n, or removal, Which?)	Date the	(month) (day) (year)	Accident, suicide, or homicide	Date of	
	Oakland	Ceme	etery	Where did injury occur?(City or town)		
Cemetery or cremat	ory					
Location	9akland	Mai	yland.	Injured at home, farm, industry, public place (wh		
1B. Funeral director	Verker	17.	Leighton	Misens of Injury	injured at work?	
	Oakland	Mar	yland.	X1 M	68/ 5	mit -
Address	/		1111	23. SIGNATURE	A MANO	or other
19. 6/17/	19 47	12	Clia 4-1 owar	001-1		
(Date rec'd by r	egistrar)		Registra	Address Oakland MD	Date signed.	



VS ATS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93L

# CERTIFICATE OF DEATH

050662 Reg. Dist. No. /62

1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Ggrrett			state Maryland county Garrett
City or town	f outside city or town li	1190U mits, write R	TV TA	Punol
How long in above pla	ice of dealh?	Lif	e time	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution,	or street address where	death occurred		Street No. RD-1 Salisbury, Pa.
***************************************			***************************************	(If rural, give LOCATION)
How long in hospital	or institution?	***************************************	***************************************	2.(a) If veteran, name war
3. (a) FULL NA	ME			3. (b) Social Security Number
	Harry	olema	an	160-20-8496
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Married	20. DATE OF DEATH OLIVE 30 10 47 ,21 11 00 P.
	TC9	Poler	nan	21. I CERTIEY that death occurred on the date above stated; that I bitended deceased from
6'(0) same of Dazira	of at wise	deidd.eda.idd.d	5.6	humand were death 10
7. Birth date of			t) If allve, give age56years	and that I last saw halive on
deceased (mo., da	y, yr.) ADI".	11011	, 1030	Immediate cause of death DURATION
0. 1.02.	ars Months	Days	If less than one day	Chrone Myseardite
	4 2	20	hrs min.	
9 Rirthniace	Rural Sal	lisbur	y, Pa.	Due to
	(Town,	county, and s	itate)	
1D. Usual occupation	sa:	W 11.	ling	Due to
11. Industry or busin	ness No	ne		
12. Name	Charles P	olema	<u>n</u>	Diher conditions
12. Name			ry. Pa.	
			elty	(Include pregnancy within 3 months of death)
				Major findings of operatioos
≥ 15. Birthplace			ury, Pa.	Date of op.
18. Informant	awrence	olema	n	Actorsy results
Address F	RD#1 Salis	bury,	Pa.	
Bur Bur	าร์ยไ	Rote than	eof July 3,1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	ion, or removal. Which?			Accident, suicide, or homicide
Cemetery of creat	Mou	nt Zi	on	Where did injury occur?
Location	star Rural	Fros	tburg, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director	MA	- A	interley	Means of Injury Injured at work?
				90K + 1
Address	rantsvill	e, Ma	Tyland 1	23. SIGNATURE S. S. Zaman Mar M. D.
19 Jules	3 47	6th	x Broaduster	M. D. or other
19. (Vate rec'd Vy	registrar)	***************************************	Registrar	Address Date signed Date signed

JUL 15 1947
BEREAT V &

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 800

# CERTIFICATE OF DEATH

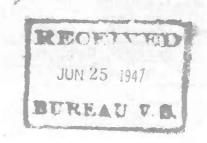
050676

1. PLACE OF DEATH: County County City or town Mt Lake Ps (If outside city or town How long in above place of death? 16 Hospitai, Institution, or street address wher	yrs.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Garret t  City or town Mt. Lake Park, (If outside city or town limits, write RURAL and give nearest town)  Street No (If rural, give LOCATION)		
How long in hospital or Institution?		2.(a) If veteran, name war		
3.(a) FULL NAME Stella Hamil	l Schooley		3. (b) Social Security Number	
4. Sex 5. Color or race	8.(a)Single, married, widowed, or divorced		ERTIFICATION	
Female White	Widowed	20. DATE DE DEATH June 19,	147 , 5:45A.	
	Schooley  6.(c) If allive, give age years ber 24, 1880	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from 4.7. to June 19. 19.4.7. 18.4.7.	
8. AGE: Years Months 66 6	27 lit less than one day	immediate cause of death.	1110	
11. Industry or business Own Hon	MILL	Due to		
13. Birthplace Western	ort, Md.	(Include pregnancy within 3	months of death)	
14. Maiden name Mary A.  15. Birthplace South Wa  16. Informant Mrs. Belle	Nine	Major findings of operations.	Date of op	
Burial  (Rurial cremation, or removal, Whic	June 21, 1947	Accident, suicide, or homicide	Date of	
18. Funeral director/ Yerke	Manyland.	Masns of injury	Injured at work?	
18 (Date rec'd by registrar)	7 Julia Journ	23. SIGNATURE LA SULLA S	M. Diorother M. Date signed ( - 20 - 47	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN, RESPRAED FOR BINDING



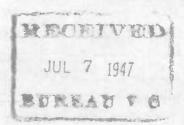
VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

0506866 Reg. Diat. No ...

2411 N. Charl	lea St., Baltimore		
CERTIFICAT	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:  County Garrett  City or town. Hutton, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland County Garrett  City or town Hutton, Maryland. (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME  Mrs. Celesting Sereng	3. (b) Social Security Number		
Mrs. Celestine Sereno.  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Female White   Widow	MEDICAL CERTIFICATION A.M. 20. DATE OF DEATH June 30th 19.47 at 7:00		
6.(b) Name of husband or wife. John Sereno.  Deceased. 6.(c) If alive, give age years T. Birth date of deceased (mo., day, yr.) November 18th 1869.  8. AGE: Years   Months   Days   If tess than one day	21. I CERTIFY that death occurred on the date above stated: fhat Theaded observed from  19. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11		
9. Birthglace Italy. (Town, county, and state)  10. Usuat occupation. House wife  11. Industry or business  12. Name. Joseph Marzo.	Due to		
13. Birthplace Italy.  14. Maiden name Unknown  15. Birthplace Italy.	(Include pregnancy within 3 months of death)  Major fiadings of operations		
Edgel Sereno,  Address Hutton, Md.  1 Burial Date thereof July 50/1947  (Burlal, cremation, or removal. Which?)  Cemetery or crematory St. Peters Cemetery.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
tocation Oakland, Maryland.  18. Funeral director. 211 24 D. Balden,  Address Pakland, May  19. My  19	Injured af home, farm, industry, public place (where?)  Means of injury  Tolured at work?  23. SIGNATURE  Mence, M. D. M. D. or other		



Selection of the select

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

05069	1
Reg. Dist. No.	622

1. PLACE OF DEATH:  Garrett  Grantswille				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
				State Maryland Cou			
City or town			URAL and give nearest town)	City or town Cit outside city or town limits, write RURAL and give nearest town)			
			years	(If outside city or town limits	, write RURAL and give near	est town)	
Hospital, Institution, or	street address where d	leath occurred		Street No. (If rural, give		, .,,, .,	
How long in hospital or	r Institution?		***************************************	2.(a) If veteran, name war.			
3. (a) FULL NAMI				1 21(-) 11 101011111 111111111111111111111111	3. (b) Social Security N		
J. (a) 1 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Frank B	Swa	rt.		None.	umber	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White		Married			1.30 1	
	1			20. DATE OF DEATH June. 7	19	1:30 A	
6. (b) Name of Subband	GKwife Eli	zabet	n S. Swart	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	eed from	
		6,(e	) If alive, give age75 year	's 4 m	May 15 .47 . June 7 .47		
7. Birth date of deceased (mo., day, y	-			and that I last naw h-1.111		19	
8. AGE: Years		Daye	If leee than one day	Coronary occlusi	on	2 says	
75	4	12		1.			
a Birtheless Wa	shinton	DC -	Dist of Columb	1 Aue in		***************************************	
10. Usual occupation	Retir	ed F	armer	Due to			
11. Industry or business							
				Diher conditione Cerebral Thi	rombosis (14	May 47)	
13. Birthplace	Warringt	on, Va	a.	(Include pregnancy within 3 n	4 3		
14. Maiden name	Sara B	ryan					
15 Righniage	Washingt	on DC		Major findings of operations			
			wart	Autopsy results			
				PHYSICIAN: Please underline the cause to wh	nich death should he charged s	tatistically.	
	Grantsvi			22. VIOLENCE: If death was due to external cau	ses, fill in the following;		
Burial cremation	or removal, Which?)	Date there	ot June 9, 1947	Accident, suicide, or homicide	Date ot		
					(County)	(State)	
Location Frostburg, Md.				Injured at home, farm, industry, public place (wi			
Location	18. Funeral director Min Winterlang			Meane of Injury	Injured at work?		
18. Funeral director	Um Ol	m	Jung -	101	11.0	ma	
Address Grs	antaville	, Md.	0- 1	23. SIGNATURE	1010/	111,00.	
10 dur	V8 1947	Eth	x Broaduste	SALISBURY P.	M. D. o.	THE AT	
Oate rec'd by re	gistrar)	********	Registra	r Address	Date signed	JUNE 47	

